

the same type of curve as in cataleptic states, even when the drug was not sufficient to produce any stupor. A striking contrast in type of curve and length of resting period was seen in contrasting cataleptics with Prof. Claude's colleagues and with two of the Ste Anne staff.

The last section of the article ascends to a philosophical level, and on close evaluation the soundness of some explanations of cataleptic behaviour is deservedly criticized, especially the whole question of "volition". Reference is made to the work of Jarkovski, and the psychological process of voluntary movement is interestingly discussed. The description of the subjective experience of the commencing schizophrenic is not new, but it is vivid if not entire. The basis of the argument is that in the absence of any control over the content of the thought, the springs of action become dried up. In conclusion the authors state that in the states where catalepsy interferes with voluntary movement, one is dealing with a threshold value which must be at a certain level to maintain "la cohésion et le contrôle du déroulement psychologique", and that it is essentially this which is disturbed.

W. MCC. HARROWES.

*Is Dementia Præcox of Tubercular Origin? [La démence précoce est elle d'origine tuberculeuse?].* (Ann. Med. Psych., Nov., 1932.) d'Hollander, F., and Rouvroy.

A series of twelve typical cases of dementia præcox was studied. In each 6 c.c. of cerebro-spinal fluid were removed and injected subcutaneously into a guinea-pig. Characteristic tubercular lesions, especially in the lungs and spleen, were found in eleven cases. In four cases of this series Koch's bacillus was recovered from the tissues of the guinea-pig.

The writers conclude that the tubercular virus is present in the cerebro-spinal fluid of certain cases of dementia præcox.

STANLEY M. COLEMAN.

*Introjection and Projection in the Mechanism of Depression.* (Int. Journ. of Psycho-Anal., Oct., 1932.) Harnik, J.

The writer holds that in depression-formation the expulsion of the object prior to introjection regularly occurs orally, and that the expulsion of the devalued object from the ego is a psychic mechanism modelled on the physical prototype of vomiting. A case of neurotic depression is described in order to illustrate this theory.

STANLEY M. COLEMAN.

*Notes on Psychogenic Depression and Melancholia.* (Psycho-Anal. Rev., Jan., 1933.) Schilder, Paul.

From the clinical point of view the following types of depression are described: Prolonged sadness after the death of a beloved person; depression with some inhibitions following disagreeable situations of any kind and lasting weeks or months; depressive attitude continuing for a long time, and sometimes over a lifetime; melancholia with classical symptomatology following a traumatic event; the classical depression of the manic-depressive psychosis coming without any apparent psychic cause.

The writer's views are illuminated by an analysed case of psychogenic depression. In this type of depression the patient's chief point of fixation is found to be in the Oedipus region, frustration and conflict concerning hetero-sexual relations being all important. Melancholias on the contrary are found to come to a fuller heterosexual satisfaction; it is almost as if it were not worth while to repress it. The stress in this psychosis is found at a much deeper layer, the primary point of fixation being found in the oral-sadistic sphere.

STANLEY M. COLEMAN.

*Analysis and structure of a Transient Hypomania.* (Psycho-Anal. Quart., vol. i, April, 1932.) Lewin, B. D.

A hypomanic attack of several days' duration, which arose, developed and subsided during the analysis of a woman with predominantly hysterical symptoms.

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## Introjection and Projection in the Mechanism of Depression. (Int. Journ. of Psycho Anal., Oct., 1932.) Harnik, J.

Stanley M. Coleman

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